

641—100.5(144) Statistical report of termination of pregnancy report. A health care provider who initially identifies and diagnoses a spontaneous termination of pregnancy or who induces a termination of pregnancy shall file with the department a Statistical Report of Termination of Pregnancy form for each termination.

100.5(1) The health care provider shall make a good-faith effort to obtain all of the following information that is available with respect to each termination:

- a.* The confidential health care provider code as assigned by the department.
- b.* The report tracking number.
- c.* The maternal health services region of the Iowa department of public health, as designated as of July 1, 1997, in which the patient resides. If the patient resides in another state, the residence shall be reported as “nonresident.”
- d.* The race of the patient.
- e.* The age of the patient.
- f.* The marital status of the patient.
- g.* The educational level of the patient.
- h.* The number of previous pregnancies, live births, and spontaneous or induced terminations of pregnancies.
- i.* The month and year in which the termination occurred.
- j.* The number of weeks since the patient’s last menstrual period and a clinical estimate of gestation.
- k.* Whether the termination was spontaneous or induced.
- l.* The method used for an induced termination, including whether mifepristone was used.

100.5(2) In addition, a physician who performs or attempts to perform an abortion shall report to the department all of the following:

- a.* If a determination of probable postfertilization age of the unborn child was made, the probable postfertilization age determined and the method and basis of the determination.
- b.* If a determination of probable postfertilization age of the unborn child was not made, the basis of the determination that a medical emergency existed.
- c.* If the probable postfertilization age of the unborn child was determined to be 20 or more weeks:
 - (1) The basis of the determination of a medical emergency, or
 - (2) The basis of the determination that the abortion was necessary to preserve the life of an unborn child.
- d.* The method used for the abortion and:
 - (1) In the case of an abortion performed when the probable postfertilization age was determined to be 20 or more weeks, whether the method of abortion used was one that, in the physician’s reasonable medical judgment, provided the best opportunity for an unborn child to survive, or
 - (2) If such a method was not used, the basis of the determination that termination of the human pregnancy in that manner would pose a greater risk than would any other available method of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function.

100.5(3) The health care provider who identifies a spontaneous termination or performs an induced termination shall prepare the report on the standard form and forward to the state registrar on or before the tenth day of each calendar month all records for the preceding month. Reports may be sent by certified mail to the state registrar. Termination reports shall be submitted within 30 days of the date of the occurrence.

100.5(4) The department shall provide the forms, or the provider may use the master copy of the form provided by the department to make copies for reporting.

100.5(5) The information shall be collected, reproduced, released, and disclosed in a manner which ensures the anonymity of:

- a.* The patient who experiences a termination of pregnancy;
 - b.* The health care provider who identifies and diagnoses or induces a termination of pregnancy;
- and

c. The hospital, clinic, or health facility in which a termination of pregnancy is identified and diagnosed or induced.

100.5(6) The department may share information with federal public health officials for the purpose of securing federal funding or conducting public health research. However, in sharing the information, the department shall not relinquish control of the information, and any agreement entered into by the department with federal public health officials to share information shall prohibit the use, reproduction, release, or disclosure of the information by federal public health officials in a manner which violates Iowa Code section 144.29A.

100.5(7) By June 30, annually, the department shall publish a demographic summary of the statistics for the previous calendar year, compiled from the reports for that year, except that the department shall not reproduce, release, or disclose any information obtained which reveals the identity of any patient, health care provider, hospital, clinic, or other health facility, and shall ensure anonymity in the following ways:

a. The department may use information concerning the report tracking number or concerning the identity of a reporting health care provider, hospital, clinic, or other health facility only for the purpose of information collection. The department shall not reproduce, release, or disclose this information for any purpose other than for use in annually publishing the demographic summary.

b. The department shall enter information from any report of termination submitted within 30 days of receipt of the statistical report of termination of pregnancy and, following entry of the information, shall immediately destroy the report by shredding it. However, entry of the information from a report shall not include any health care provider, hospital, clinic, or other health facility identification information including, but not limited to, the confidential health care provider code, as assigned by the department.

c. To protect confidentiality, the department shall limit release of information in an aggregate form which prevents identification of any individual patient, health care provider, hospital, clinic, or other health facility.

d. The department shall establish and use a methodology to provide a statistically verifiable basis for any determination of the aggregate level at which information may be released so that the confidentiality of any person is not comprised. The methodology shall consider both the counts of the events for each item of information and the population that could be represented.

100.5(8) Reports, information, and records submitted and maintained are strictly confidential and shall not be released or made public upon subpoena, search warrant, discovery proceedings, or by any other means.

100.5(9) The department shall assign a code to any health care provider who may be required to report a termination. An application procedure shall not be required for assignment of a code to a health care provider.

100.5(10) A health care provider shall assign a report tracking number which enables the health care provider to access the patient's medical information without identifying the patient. The report tracking number shall be maintained by the provider for a period of six months after the end of the calendar year.

100.5(11) For reporting of spontaneous terminations of pregnancy, a health care provider who practices within a hospital, clinic, or other health facility may file the required reporting forms with the department or may authorize one staff person to fulfill the reporting requirements. For reporting of induced terminations of pregnancy, the physician performing the termination shall file the required reporting forms with the department.

100.5(12) Reporting penalties.

a. A physician who fails to submit a report in accordance with 2017 Iowa Acts, Senate File 471, section 3(3), and these rules by the end of 30 days following the due date shall be subject to a late fee of \$500 for each additional 30-day period or portion of a 30-day period the report is overdue. The fee shall be collected by the department.

b. A physician required to report in accordance with 2017 Iowa Acts, Senate File 471, section 3(3), who has not submitted a report or who has submitted only an incomplete report more than one year following the due date may, in an action brought by the board of medicine in the manner in which actions

are brought to enforce Iowa Code chapter 148, be directed by a court of competent jurisdiction to submit a complete report within a time period stated by court order or be subject to contempt of court.

c. A physician who intentionally or recklessly falsifies a report required under 2017 Iowa Acts, Senate File 471, section 3, is subject to a civil penalty of \$100. The civil penalty shall be collected by the department pursuant to Iowa Code chapter 17A and 641—Chapter 173.

100.5(13) Any person who knowingly violates a provision of these rules is guilty of a serious misdemeanor pursuant to Iowa Code section 144.52.

[**ARC 0483C**, IAB 12/12/12, effective 1/16/13; see Delay note at end of chapter; **ARC 3394C**, IAB 10/11/17, effective 11/15/17]